



City of Falls Church  
**HOMEOWNERSHIP ASSISTANCE**  
**FIRST-TIME HOMEBUYER STATEMENT**  
**Housing and Human Services Division**

300 Park Avenue, Suite W-100, Falls Church, Virginia 22046  
Tel: 703-248-5005, TTY 711, Fax: 703-248-5149



**Instruction:** *Do not sign prior to notary stamp.*

I \_\_\_\_\_ hereby certify that I do not currently own a home  
(Print Name)

nor have I owned a home within the last three years.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In the City/County of \_\_\_\_\_ COMMONWEALTH/STATE OF \_\_\_\_\_, TO

WIT:

Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

by \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name

My Commission Expires: \_\_\_\_\_

